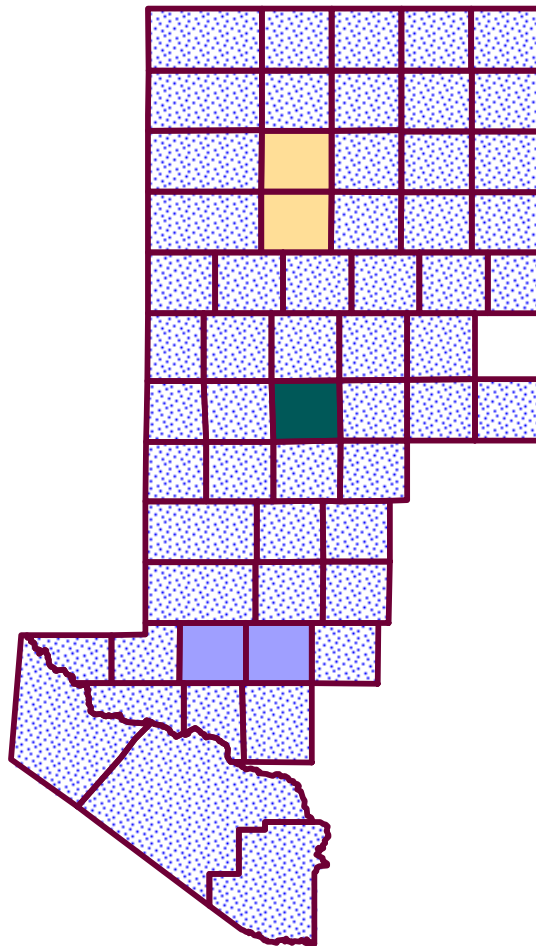# Panhandle of Texas Region (LOMA)

HIV Epidemic Profile

Produced by the
Research & Program Evaluation Branch
Bureau of HIV and STD Prevention
Texas Department of Health

TDH
TEXAS DEPARTMENT OF HEALTH

Panhandle of Texas HIV Epidemic Profile

Your planning region is divided into 3 High Morbidity Analysis Zones and 1 Low Morbidity Analysis Zone:

High Morbidity Analysis Zones (HMAZ):

HMAZ	Counties	Population
Lubbock (HMAZ 13)	Lubbock	227,472
Amarillo (HMAZ 16)	Potter, Randall	218,435
Permian Basin (HMAZ 17)	Ector, Midland	259,923

Low Morbidity Analysis Zone (LMAZ)

LMAZ	Counties	Population
Rural Panhandle (LMAZ 1)	Andrews, Armstrong, Bailey, Borden, Briscoe, Carson, Castro, Childress, Cochran, Collingsworth, Crane, Crosby, Dallam, Dawson, Deaf Smith, Dickens, Donley, Floyd, Gaines, Garza, Glasscock, Gray, Hale, Hall, Hansford, Hartley, Hemphill, Hockley, Howard, Hutchinson, King, Lamb, Lipscomb, Loving, Lynn, Martin, Moore, Motley, Ochiltree, Oldham, Parmer, Pecos, Reeves, Roberts, Sherman, Swisher, Terrell, Terry, Upton, Ward, Wheeler, Winkler, Yoakum	491,015

Morbidity Ranking for the Texas Panhandle

We estimated the case rates for each of the subpopulations seen below in Table 1 for each of the following "morbidity" indicators:

- AIDS cases reported in 1998,
- the number of living AIDS cases as of October 19, 1999,
- HIV cases reported in 1999,
- CTS positives reported in 1998
- STD cases reported in 1998

These rates were then translated into scores: the higher the rate, the higher the morbidity score. The morbidity scores were then added together to make up a "Total Morbidity" score. (See Appendix 1 for details on how the scores were calculated). These morbidity scores are shown in Table 1 below.

Table 1: Morbidity Scores for all LOMA HMAZ and LMAZ

BDTP	Race/Ethnicity	Lubbock Total Morbidity	Rank	Amarillo Total Morbidity	Rank	Permian Basin Total Morbidity	Rank	Rural Panhandle Total Morbidity	Rank
M/MS	African American	59	1	61	1	34	2	18	4
IDU women	African American	53	2	35	3	37	1	19	2
IDU men	African American	48	3	61	1	26	4	18	4
M/MS	Hispanic	42	4	22	6	20	5	9	9
IDU men	Hispanic	37	5	19	9	16	8	9	9
F/MS women	African American	37	5	34	4	20	5	22	1
IDU women	Hispanic	33	7	17	10	11	11	19	2
M/MS	white	32	8	22	6	20	5	9	9
F/MS men	African American	25	9	22	6	34	2	18	4
F/MS women	Hispanic	21	10	27	5	16	8	15	7
IDU women	white	20	11	11	14	11	11	14	8
F/MS men	Hispanic	16	12	15	11	6	14	5	14
IDU men	white	13	13	14	12	15	10	8	12
F/MS women	white	7	14	12	13	11	11	8	12
F/MS men	white	3	15	7	15	6	14	4	15

In general..

- For all groups, the morbidity scores for men and women in Lubbock and Amarillo counties are higher than the scores in the other zones of this planning area.

- It is difficult to break all of the risk populations down by race/ethnicity and keep stable disease and risk indicators due to the size of the populations. When racial/ethnic groups are pulled together, M/MS show greater evidence of disease than do IDU, who show higher rates of disease than F/MS groups. In summary, the M/MS groups tend to hover at the top of the ranking, with most of the F/MS subpopulations towards the bottom.

- It is especially difficult to interpret the rates for the African American subpopulations in this planning area due to the small size of this population – more details below. However, evidence suggests that there is a burden of STD and HIV/AIDS disease in this small population.

- Some general statements about the HIV morbidity profile for this planning area as a whole can be made. Leaving aside African American subpopulations, in general, white and Hispanic M/MS and Hispanic IDU appear to have solid evidence of HIV infection in all parts of the planning area. These groups are followed by Hispanic F/MS and white IDU, with lower HIV and AIDS -related rates. The final grouping consists of white F/MS – low case counts, and the size of the population results in low to moderate rates of infection.

- There is enough differences, however, among the epi profiles within each HMAZ to make individual discussions helpful.

More specifically…

Lubbock HMAZ:

- Based on the epi indicators included in this report, the first cluster is made up of African American IDU (male and female), and African American M/MS. These groups of African Americans show very high rates of living AIDS cases, and strong rates of HIV infections reported in 1999. There are also high rates of STD in the overall African American population. But keep in mind that African American IDU and M/MS are small groups in the Lubbock HMAZ, and the CPG should consider this when deciding on interventions.

- The second cluster, very close to the cluster above with solid evidence of disease, is made up of Hispanic male IDU, white and Hispanic M/MS and female F/MS. For these groups of men, there is evidence of both AIDS cases and newer HIV infections. The available HIV reports show some evidence of recent HIV infections among heterosexual females, but the cases are so newly reported that race/ethnicity hasn't been completely entered into the data system yet. This profile will be updated in early summer, and this issue should be resolved by then, but until then, know that there is some evidence of a emerging trend of infection in heterosexual females in this community.

- A third cluster is made up of white IDU (male and female) and Hispanic female IDU. The white IDU show moderate evidence of AIDS and recent infections, with less morbidity due to STD. The morbidity for Hispanic females is all in living AIDS cases and STD, with no more recent evidence of disease.

- A fourth cluster is made up of male heterosexuals of all races/ethnicities. Among this population, there is very limited evidence of HIV/AIDS related morbidity, limited to some living cases of AIDS among whites, and 1998 CTS positives among Hispanic men.

Amarillo HMAZ:

- Information for African Americans is very difficult to interpret in this area. The population is very small, and this makes the rates we are using in this analysis unstable. Still, there is a high burden of STD among African Americans in this community, and there is substantial evidence of burden of HIV/AIDS, among African American M/MS. For this group, there is both evidence of older and newer infections—the total number of cases looks small, but this is a very small group in total estimated size—which produces the rates in this report. The small size of the group presents challenges. The CPG may want to spend time discussing how best to target this special population.

- Looking at Hispanic and white risk subpopulations, the first cluster is made up of Hispanic and white M/MS, Hispanic male IDU, and white female F/MS. This ranking is based on looking at HIV and AIDS related disease rates without STD evidence. The rates for the white female heterosexuals may look weak compared to the other groups, but notice that white female F/MS show rates of HIV infection higher than their rates of living AIDS cases—focus some effort on finding out more about this group!

- A more diverse set of target populations come next: white IDU (male and female), white male F/MS, Hispanic F/MS (male and female), and African American IDU (male and female). This is a pretty "eclectic" group, and are included here for different reasons, but all have in common that there is scattered evidence of HIV/AIDS disease across the different indicators used in this report. White IDU show evidence of both older and newer infections, but generally lower than the groups above. Hispanic F/MS show some evidence of newer and more recently detected infections, but no HIV infections reported for 1999. The evidence for white heterosexual men is all based on AIDS cases, with no HIV reported in 1999, and lower overall STD for white men in this area. African American IDU, a very small group in this planning area, shows some very scattered evidence of infection – but this group also has higher rates of STD.

- The last cluster is female Hispanic IDU and African American F/MS (male and female). Very little data to base prioritization on.

Permian Basin HMAZ;
- As in the Amarillo HMAZ, there is a very, very small risk population of African Americans. The rates are erratic due to the small size of the population, but numbers show up in the categories of living AIDS cases and STD cases. The CPG may consider discussing how to best target this small risk community. It is difficult to conclusively cluster these populations.

- Of the Hispanic and white subpopulations, the first "epi" cluster is made up of Hispanic and white M/MS. This clustering is based primarily on evidence of HIV reports made in 1999 – the Hispanic subpopulations may have lower rates of living AIDS cases than their white counterparts, but the number and rates of HIV infections reported last year are a solid epi reason to place these groups at the top of the priority list.

- The next cluster is white male IDU and white female F/MS– with evidence of both newer and older infections. The white heterosexual women show an interesting ratio of newly reported HIV to living AIDS cases – fewer than 2 living AIDS cases for every newly reported infection, which may be a sign of an "emerging population".

- A close cluster is made up of white female IDU, white male F/MS, and Hispanic female F/MS. These groups show scattered evidence of HIV/AIDS

- Finally, there are Hispanic female IDU and Hispanic male F/MS – both groups have no living AIDS or HIV case reports. Note, however, that the Hispanic community in this area have STD rates that are higher than rates for whites.

Rural Panhandle LMAZ:
- This is a very large, spread out jurisdiction with the lowest overall HIV and AIDS related indicators.

- The first cluster of subpopulations is M/MS. These groups have lower rates of STDs, but have significantly higher HIV related morbidity than non-Anglo women.

- The second cluster to consider is female IDU and F/MS of color. Although there is currently limited HIV infection in the community, there is substantial morbidity due to STDs.

- The third cluster is male F/MS and IDU of color, followed closely by white IDU and F/MS.

Risk Ranking for Panhandle

The information in the table below comes from 1999 PCPE information.

The scores in the table below were based on information from clients in the different subpopulations that received PCPE services in 1999. The scores are based on the percent of clients in each of the subpopulations who reported the following risks:
- "Almost never" using barriers with anal, vaginal or oral sex
- History of STD
- Multiple sex and/or needle sharing partners
- Trading sex
- Substance use with sex
- Sharing needles
- Sex or needle sharing partner at risk for HIV
- Sex or needle sharing partner with multiple partners

The highest scores will be seen for the subpopulations where a large percentage of the clients reported multiple risks. Appendix 2 has detailed information about the risk scores for each subpopulation.

Table 2: Risk Scores from 1999 PCPE Information

BDTP	Race/Ethnicity	Lubbock Rank Score	Rank	Amarillo Rank Score	Rank	Permian Basin Rank Score	Rank	Rural Panhandle Rank Score	Rank
IDU women	white	61	1	60	1	60	1	53	2
IDU men	white	54	2	55	3	53	2	53	2
IDU men	Hispanic	48	3	49	5	48	4	65	1
IDU women	Hispanic	48	3	58	2	41	7	49	4
M/MS	white	43	5	39	9	50	3	36	8
IDU men	African American	42	6	44	7	39	10	21	13
M/MS	Hispanic	39	7	44	7	38	12	44	5
IDU women	African American	39	7	54	4	47	5	0	15
F/MS women	Hispanic	39	7	31	14	37	13	33	10
F/MS men	white	36	10	35	10	39	10	36	8
F/MS women	white	36	10	32	13	41	7	33	10
M/MS	African American	33	12	47	6	19	15	19	14
F/MS men	Hispanic	33	12	35	10	37	13	39	7
F/MS women	African American	30	14	27	15	41	7	30	12
F/MS men	African American	29	15	34	12	42	6	44	5

*values and ranks in yellow do not have data on some risk behaviors, and thus may rank lower.
**values and ranks in salmon are missing information on risks for this sub-population.

- Five of the top six sub-populations in terms of risk are all IDU. These sub-populations would still be the top five even if sharing injection equipment/works is not considered in risk ranking. Risk categories that elevate IDU in South Texas are multiple partners, partner risk, and involvement in sex trade.

- Note that more information is needed about risks of African Americans and IDU in most of the planning area.

- Six of the seven bottom ranked categories in terms of risk behavior are F/MS sub-populations. Risk categories that contribute to the reduced risk in these sub-populations are barrier use with anal sex and fewer partners. The low risk values in these categories indicate successful prevention efforts in these communities.

YOU CAN FIND MORE DETAILED INFORMATION ON RISK POPULATIONS IN THE SECTIONS THAT FOLLOW.